



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE COVER PAGE

FILED
JAN - 3 PM 2:54
COUNTY CLERK
MACOMB COUNTY, MICHIGAN

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 10 18 04 To: 12 22 04
Mo Day Year Mo Day Year

<p>1. Committee I.D. Number <u>137127</u></p> <p>2. Committee Name <u>CTE MARK KNOWLES</u></p>	<p>4. Candidate Last Name First Name M.I. <u>KNOWLES MARK F</u></p> <p>4a. Office Sought including District # or Community Served (if applicable) <u>SUPERVISOR - HARRISON TWP</u></p> <p>4b. County of Residence Driver License # (Optional) <u>MACOMB</u></p>
<p>5. Committee's Mailing Address <u>24716 COTTRELL</u> <u>HARRISON TWP 48045</u> Area Code and Phone <u>586 790 5865</u></p> <p>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</p>	<p>6. Treasurer's Name & Residential Address <u>MARK KNOWLES</u> <u>24716 COTTRELL HARRISON TWP</u> <u>MI 48045</u> Area Code & Phone <u>586 790 5865</u> Driver License # (Optional) _____</p>
<p>7. Treasurer's Business Address <u>SAME</u> Area Code and Phone () _____</p>	<p>8. Designated Record Keeper's Name and Mailing Address (if the committee has a Designated Record keeper) Area Code and Phone () _____ Driver License # (Optional) _____</p>
<p>9. TYPE OF STATEMENT <u>AMENDMENT</u></p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus <u>11 2 04</u> Month Day Year</p> <p>9c. <input type="checkbox"/> Annual Statement (_____ Coverage Year)</p> <p>9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)</p> <p>9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution ____ Month ____ Day ____ Year</p> <p>By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>	
<p>A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in Items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.</p>	
<p>10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.</p> <p>Current Treasurer or Designated Record Keeper <u>MARK KNOWLES</u> <u>Mark Knowles</u> Date <u>1 3 05</u> Type or Print Name Signature Mo Day Year</p> <p>Candidate <u>MARK KNOWLES</u> <u>Mark Knowles</u> Date <u>1 3 05</u> Type or Print Name Signature Mo Day Year</p>	



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

1. Committee I.D. Number

137127

2. Committee Name

CTE MARK KNOWLES

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS

3. Contributions

Column I
This Period

Column II
Cumulative this election cycle

a. Itemized (Schedule 1A - Column 6)

(3a.) \$ 0

b. Unitemized (less than \$20.01 each - no Schedule)

(3b.) \$ 0

c. Subtotal of "Contributions"

(3c.) \$ 0

4. Other Receipts (Schedule 1A -1, Column 6)

(4.) \$ 0

5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS
(Add Line 3c + Line 4)

(5.) \$ 0

(18.) \$ 0

(19.) \$ 0

(20.) \$ 0

IN-KIND CONTRIBUTIONS & EXPENDITURES

6. In-Kind Contributions (Schedule 1-IK, Column 7)

(6.) \$ 0

7. In-Kind Expenditures (Schedule 1B-IK, Column 6)

(7.) \$ 0

(21.) \$ 0

(22.) \$ 0

EXPENDITURES

8. Expenditures

a. Itemized (Schedule 1B, Column 6)

(8a.) \$ 0

b. Itemized Get-Out-the-Vote (Schedule 1B-G)

(8b.) \$ 0

c. Unitemized (less than \$50.01 each - no Schedule)

(8c.) \$ 0

9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)

(9.) \$ 0

(23.) \$ 0

INCIDENTAL EXPENSE DISBURSEMENTS
(Officeholders Only)

10. Disbursements

a. Itemized (Schedule 1C, Column 6)

(10a.) \$ 0

b. Unitemized (less than \$50.01 each - no Schedule)

(10b.) \$ 0

11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS
(Add Line 10a + Line 10b)

(11.) \$ 0

(24.) \$ 0

DEBTS AND OBLIGATIONS

12. Debts and Obligations

a. Owed by the Committee (Schedule 1E)

(12a.) \$ 0

b. Owed to the Committee (Schedule 1E)

(12b.) \$ 0

BALANCE STATEMENT

13. Ending Balance of last report filed
(Enter zero if no previous reports have been filed.)

(13.) \$ 7538.35

14. Amount received during reporting period
(Line 5, Total Contributions & Other Receipts)

(14.) + \$ 0

15. SUBTOTAL Add lines 13 and 14

(15.) = \$ 7538.35

16. Amount expended during reporting period
(Add lines 9 and 11)

(16.) - \$ 0

17. ENDING BALANCE

(Subtract line 16 from line 15)

(17.) \$ 7538.35

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.
All required schedules must be included with this statement. *If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137127
2. Committee Name STE MARK KNOWLES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
<p>Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)</p>			

Enter this total on
line 3a of
Summary Page